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Bib Data Sheet

CONFIRMATION NO. 5113

<b>SERIAL NUMBER</b> 09/925,192	<b>FILING OR 371(c) DATE</b> 08/09/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> GENITOPE-06493
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/370,453 08/09/1999 *CY*  
 which is a DIV of 08/761,277 12/06/1996 PAT 5,972,334 *CY*  
 which is a CIP of 08/644,664 05/01/1996 PAT 5,776,746 *CY*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*CY*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\***  
 \*\* 08/30/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 3
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Verified and Acknowledged  
 Examiner's Signature: *CHAMM CY* Initials: *CY*

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**TITLE**  
 Vaccines for treatment of lymphoma and leukemia

<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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